

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037589

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9093

STATE FILE NUMBER

FILED SEP 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

5 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Bethesda Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

4467a Gibson

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Walter

Middle

H.

Last

Grawe

4. DATE

OF
DEATH

Month

Sept.

Day

9

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-13-76

9. AGE (last birthday)

86

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman (ret.)

10b. KIND OF BUSINESS OR INDUSTRY

Ward Baking Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman C. Grawe

13b. MOTHER'S MAIDEN NAME

Al vine Gossejohn

14. NAME OF HUSBAND OR WIFE

Irene Grawe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Irene Grawe, 4467a Gibson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last).

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-7-63

to 9-9-63

and last saw him alive on 9-8-63

Death occurred at

4:15 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

4501 a Manchester

22c. DATE SIGNED

9-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

9-11-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 10 1963

26. REGISTRAR'S SIGNATURE

Rosal Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. George Zilgite
4501a Manchester
Rt 1-0630
Hrs. 1-4 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.